

Hearing Date and Time: August 15, 2013 at 9:30 a.m. (Eastern Time)

Objection Deadline: August 12, 2013 at 4:00 p.m. (Eastern Time)

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X
In re : Chapter 11
:
Interfaith Medical Center, Inc.,¹ : Case No. 12-48226 (CEC)
:
Debtor. :
-----X

**SUPPLEMENT TO DEBTOR’S MOTION FOR ENTRY OF AN ORDER
PURSUANT TO SECTIONS 105, 363 AND 1108 OF THE BANKRUPTCY CODE,
AUTHORIZING THE DEBTOR TO IMPLEMENT, IN ACCORDANCE WITH
NEW YORK STATE LAW, A PLAN OF CLOSURE FOR THE DEBTOR’S
HOSPITAL AND CERTAIN AFFILIATED OUTPATIENT CLINICS AND PRACTICES**

TO THE HONORABLE CARLA E. CRAIG,
CHIEF UNITED STATES BANKRUPTCY JUDGE:

Interfaith Medical Center, Inc., the debtor and debtor in possession in the above-captioned case (the “**Debtor**” or “**IMC**”), hereby submits this Supplement to the Debtor’s Motion for Entry of an Order Pursuant to Sections 105, 363 and 1108 of the Bankruptcy Code, Authorizing the Debtor to Implement, in Accordance with New York State Law, a Plan of Closure for the Debtor’s Hospital and Certain Affiliated Outpatient Clinics and Practices [Docket

¹ The last four digits of the Debtor’s federal tax identification number are 6155. The Debtor’s mailing address is 1545 Atlantic Avenue, Brooklyn, New York 11213.

No. 602) (the “**Motion**”),² and through its undersigned counsel, respectfully represents as follows:

1. As requested by the Court at the teleconference hearing on August 1, 2013, annexed hereto as **Exhibit A** is a copy of the version of the Debtor’s proposed Closure Plan now being considered by the DOH. As noted in the Motion, the Debtor anticipates there will be revisions to the annexed Closure Plan draft as the Closure Plan approval process progresses with DOH.

2. The Debtor also takes this opportunity to clarify the Motion in one respect. Specifically, while the Motion refers to the August 12, 2013 date in the current draft of the Closure Plan for the anticipated commencement of implementation of the Closure Plan, in light of the August 15, 2013 date for the scheduled hearing on the Motion (the “**Hearing**”), there will not be any material implementation of the Closure Plan prior to the Hearing. Correspondingly, for the same reason the Debtor anticipates that all anticipated dates listed in the Motion for various events to occur under the Closure Plan will be delayed until approximately three days after the dates listed in the Motion.

3. This supplement is also to remind each party filing an objection to the Motion that, at the direction of the Court at the August 1 teleconference, any such objection must specify each fact the objector asserts is in dispute in connection with the Motion such that proof of such fact would require presentation of evidence at the Hearing. The rights of the Debtor and all other parties are reserved to assert that any such specified contested fact is not relevant to approval of the Motion.

² All capitalized terms used herein but not otherwise defined shall have the meanings ascribed to them in the Motion.

Dated: August 2, 2013

WILLKIE FARR & GALLAGHER LLP

By: /s/ Alan J. Lipkin

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Attorneys for the Debtor and Debtor in Possession

EXHIBIT A



July 25, 2013

VIA FACSIMILE AND REGULAR MAIL

Karen S. Westervelt
Deputy Commissioner
Office of Health Systems Management
NYS Department of Health
Corning Tower
Empire State Plaza
Albany, New York, 12237

Re: Interfaith Medical Center

Dear Ms. Westervelt:

The following is a draft of the Plan of Closure (the "Plan") required by 10 NYCRR §401.3 for Interfaith Medical Center ("IMC") (Operating Certificate #7001046H).

In summary, IMC's Emergency Department will go on permanent diversion status on August 12, 2013. IMC will cease accepting new inpatient admissions as of 12:01 a.m. on August 12, 2013. On August 13, 2013 at 6 a.m., the Emergency Department will be transitioned to a "treat and release or transfer" site. All in-patients will be discharged or transferred by September 12, 2013; all outpatients will be discharged or transferred by October 12, 2013; and all HIV, detox and rehabilitation patients will be discharged or transferred by November 11, 2013. IMC will cease all operations as of November 11, 2013 ("closure date"). IMC will use its best efforts to work closely with DOH and other applicable regulatory agencies to identify and make arrangements with alternative providers for the continuance of all outpatient programs operated by IMC or, if such arrangements can not be made, the transfer of each then-current outpatient to an alternative provider for ongoing care. Set forth below is a description of all elements of the Closure Plan.

I. Introduction

On July 24, 2013 the Board of Trustees of IMC directed management to develop and implement a plan for the closure of its inpatient care facilities, and to provide for the identification of alternative providers for the continuance of its outpatient programs, and the transfer of its outpatients to alternative providers if such arrangements cannot be made. This decision was reached after concluding that we have exhausted all efforts to preserve IMC as an inpatient hospital and as a result of the directive set forth in that certain letter from Karen Westervelt,

Deputy Commissioner, Office of Primary Care and Health Systems Management, dated July 19, 2013. Without an approved reorganization plan and financing to maintain operations in bankruptcy, IMC expects changes may occur quickly as suppliers, staff, physicians, and others respond to initial communications regarding sale and closure of IMC. While IMC will comply with all Federal and State employee notification requirements, IMC needs to avoid any situation that might represent a threat to patient health and will seek to reduce in-patient census as quickly as safely manageable.

II. IMC Overview

IMC's core business is anchored in Central Brooklyn. The Community of Central Brooklyn faces serious health care access issues. IMC is located in a primary medical care Health Professional Shortage Area as designated by the federal government. The shortage of primary care providers combined with the social problems that plague low income, high poverty communities have led to serious health status consequences for its residents.

The services provided by IMC are reflected on its operating certificate attached as Exhibit A. These services include a broad spectrum of inpatient services with 287 beds. IMC also has outpatient facilities including 3 clinics and 7 behavioral health sites.

The closure of IMC requires communication to employees, patients, families, providers, and the community at-large, transfer/removal of medical records, disposition of equipment, pharmaceuticals and inventory. In anticipation of the closing of IMC and in preparation for the transition of the community and patients to alternative delivery sites, IMC management will work with other area organizations and providers to plan for communication and transition. IMC will involve other stakeholders in the closure process, including:

- IMC Medical Staff
- IMC Employees
- Collective Bargaining Units, including 1199/SEIU, NYSNA, CIR, Federation of Union Doctors
- Governor Andrew Cuomo
- Mayor Michael Bloomberg
- U.S. Senator Charles Schumer
- Brooklyn Borough President, Marty Markowitz
- Congressman Hakeem Jeffries
- State Senator Velmanatte Montgomery
- Assemblywoman Annette Robinson
- Assemblyman Walter Mosley
- Councilman Albert Vann
- Local Fire, Police, and EMS Units
- NYC Office of Emergency Management
- Other Brooklyn-based health care providers
- NYC DOHMH
- NYS DOH
- ACGME

- NYS Office of Mental Health (“OMH”)
- NYS Office of Alcoholism and Substance Abuse Services (“OASAS”)
- The Joint Commission (“TJC”)
- The Centers for Medicare and Medicaid Services (“CMS”)
- NYS Attorney General’s Office (“NYS AG”)

III. Board of Trustees Authorization

The Board of Trustees of IMC voted to approve the closure of IMC’s inpatient services, and to provide for the transfer of all outpatient programs to alternative providers to continue the operation of each such program, or, if an alternative provider cannot be found, to close such program and transfer each then-current patient to an alternative provider for ongoing services and to approve the submission of this Plan to DOH, at its meeting on July 24, 2013.

IV. Operating Certificates

A copy of IMC’s Operating Certificate is attached as Exhibit A.

V. Services to Close or Transfer

A. In-Patient Services at IMC.

B. Outpatient Services/Hospital Extension Clinics.

1. Behavioral Health Program (Adult) at 1038 Broadway
2. Behavioral Health Alternative Housing Program at 1366 New York Avenue
3. Methadone Maintenance Treatment Program at 882 Bergen Street
4. Community Mental Health Center at 1545 Atlantic Avenue
5. Chemical Dependency Outpatient Services at 1545 Atlantic Avenue
6. Intensive Psychiatric Rehabilitation Treatment Program at 1545 Atlantic Avenue
7. Mobile Crisis Unit at 880 Bergen Street
8. Bishop O.G. Walker Jr. Health Care Center at 528 Prospect Place
9. Dental Center at 1536 Bedford Avenue
10. IMC Primary Care at 880 Bergen Street

C. Graduate Medical Education/Undergraduate Medical Education:

IMC is the primary training site for 117 residents and fellows in the following specialties, through affiliation with State University of New York, Downstate.

Internal Medicine	91 Residents
Dental	9 Residents
Podiatry	7 Residents
Ophthalmology	6 Residents

Gynecology	4 Residents
Fellows	9

In addition, IMC is a participating teaching site for residents in the specialty of Pediatrics.

VI. Closure Impact

The primary service area for IMC includes Central Brooklyn.

Continuity of care for IMC's inpatient population will be provided by a number of providers, including:

- Brookdale Hospital Medical Center
- The Brooklyn Hospital Center
- Kings County Medical Center
- Kingsbrook Medical Center
- New York Methodist Hospital
- SUNY Downstate
- Woodhull Medical and Mental Health Center
- Wykoff Heights Medical Center

IMC management has reached out to each of these facilities to advise them of the impending closure. There will be significant impact on each of these facilities, as they will need to absorb IMC's emergency room volume, inpatient medical/surgical and inpatient psychiatric admissions. IMC will work closely with each facility to ensure as smooth a transition as possible. These facilities are accessible via public transportation and private automobile. We are drafting notification letters to be given to inpatients, family members and visitors, indicating the intention of IMC to transfer its patients to alternative providers (subject to patient choice), the closure of IMC and how they may obtain a copy of their medical records. Posters will be prominently displayed in high traffic areas such as: the emergency room, the lobby, waiting areas, and the cafeteria.

VII. Emergency Department Closure Process

IMC intends to coordinate with FDNY, concerning the plan for the closure of IMC, the Emergency Department and IMC's ambulance services. When the closure plan is approved by NYS DOH, IMC will send a letter to Commissioner Salvatore J. Cassano and Chief Robert Hannafey outlining the proposed closure and transition plan for the Emergency Department and IMC's 911 EMS ambulance routes. The proposed closure and transition plan is as follows:

1. Notify FDNY and area hospitals that the Emergency Room will go on permanent diversion status at 6 a.m. August 13, 2013, for all services.
2. Notify all facilities with active transfer agreements that the Emergency Department is on diversion status and their patients should be directed to other facilities for care;
3. Send a DOH-approved press release to local newspapers;
4. Post signs in English, Spanish, and French Creole at the Emergency Department entrance and other locations in the hospitals and off-site clinics, informing the public of our plan to close the Emergency Department on August 5, 2013;
5. On August 12, 2013, IMC will cease admitting Emergency Department patients to the hospital. All patients treated in the Emergency Department after that date will be treated and released or transferred to other facilities, as necessary;
6. Two (2) non-911 ambulances will be stationed at the entrance to the Emergency Department 24/7 to assist with transfers until September 11, 2013.
7. Remove or cover all signs at the hospital identifying it as an Emergency Receiving Hospital;
8. Notify New York Department of Transportation that all blue hospital signs need to be removed;
9. The Emergency Department will cease operations on September 11, 2013 at 6 a.m. The hospital will maintain two (2) non-911 ambulance to be stationed at the Emergency Department until September 11, 2013 at 6 a.m. to facilitate any necessary transfers (this will be assessed at the time of closing);
10. A security department staff member will remain in the Emergency Department for a thirty (30) day period following the closure to provide information to persons who may arrive at the Emergency Department seeking care;
11. Post closure of the Emergency Department Signs in English, Spanish, French Creole will be placed at the Emergency Department entrance providing emergency 911 contacts and directing patients to the nearest Emergency Department; such signs shall remain in place as long as may be feasible;
12. Summary of 9-1-1 Receiving Hospital and Ambulance Services
 - a. IMC intends to collaborate with the Acting Director of NYSDOH Bureau of Emergency Services, and FDNY EMS Chief regarding the impact of the proposed closure on the EMS system.

VIII. Plans for Continuity of Care

A. Inpatient Services – It is anticipated that all general acute care hospital beds will close by September 12, 2013. IMC will cease accepting new admissions as of 12:01 a.m. on August 12, 2013. All inpatients at IMC will be discharged or transferred by September 12, 2013. It is anticipated that the majority of these patients will be discharged with the remaining patients requiring transfers to other hospitals or placement in long-term care or specialty facilities. Subject to patient choice, IMC will transfer those patients requiring continued hospitalization to other area hospitals after obtaining appropriate patient consent. All medical records will be maintained and stored per section XIII below. It is assumed that the acute care volume normally treated at IMC will be absorbed by other hospitals in the vicinity including Brookdale Hospital Medical Center, The Brooklyn Hospital Center, Kings County Medical Center, Kingsbrook Medical Center, New York Methodist Hospital, SUNY Downstate, Woodhull Medical and Mental Health Center, and Wyckoff Heights Medical Center. The chief executive officer of each of these hospitals will be notified of the impending closure.

The following inpatient services, and all other inpatient services necessary to support patient care for remaining patients, will be continued until all patients are transferred or discharged on or before September 2, 2013.

- (a) radiology (diagnostic) services;
- (b) nuclear medicine (diagnostic) services;
- (c) pharmaceutical services; and
- (d) laboratory services.

B. Surgical Services – Elective surgeries will be discontinued as of August 19, 2013. All surgeries scheduled after that date will be cancelled or transferred. Physicians utilizing hospital surgical services will be notified in writing of the projected date of closure of the service.

C. Primary Care Designated HIV Treatment Center – IMC will work with DOH to provide for the transfer of the Primary Care Designated HIV Treatment Center (the “Center”) to or with alternative providers to continue the operation of the Center. If, however, alternative providers cannot be found by a date to be determined in consultation with DOH, the Center will cease operations as of November 11, 2013. All patients will be notified of the transfer or closure, as the case may be, and will be transferred or referred to other area clinics for continued care and treatment, subject to patient choice. All active patient records will be transferred to the relevant other clinics, unless a patient directs IMC to forward them to another practitioner. The clinics to which referrals will be made include:

- Brookdale Hospital Medical Center
- The Brooklyn Hospital Center
- Kings County Medical Center
- Kingsbrook Medical Center
- New York Methodist Hospital
- SUNY Downstate
- Woodhull Medical and Mental Health Center

- Wyckoff Heights Medical Center

IMC will contact Deborah Dewey, MUP, Statewide Coordinator, Designated AIDS Center Program, for a closure plan template, closure plan tracking form and additional guidance. We will employ the draft patient letter sample provided in making notice to patients attached hereto as **Exhibit B** regarding program changes.

D. **Clinics** – IMC will work with DOH to provide for the transfer of IMC's clinics to or with alternative providers to continue the operation of the clinics. If, however, alternative providers cannot be found by a date to be determined in consultation with DOH, the clinics will cease operations. All patients will be notified of the transfer or closure, as the case may be, of each of clinic and will be transferred or referred to other area clinics for continued care and treatment, subject to patient choice. All patient records will be stored and will be forwarded to other clinics or practitioners as and when directed by the patient. The clinics to which referrals will be made include:

- Brookdale Hospital Medical Center
- The Brooklyn Hospital Center
- Kings County Medical Center
- Kingsbrook Medical Center
- New York Methodist Hospital
- SUNY Downstate
- Woodhull Medical and Mental Health Center
- Wyckoff Heights Medical Center

IX. Human Resource Services and Employee Relocation

IMC employs approximately 1,500 FTE employees.

IMC will be coordinating efforts to assist IMC's staff in receiving supplemental unemployment benefits and retraining and placements. Open and ongoing communication will continue with all affected staff and labor organizations. The date upon which WARN ACT notices will be mailed will be determined following consultation with counsel.

X. Medical Staff Services and Relocation

There are 343 members on IMC's medical staff, which includes 205 salaried physicians and 43 allied health practitioners. While some of IMC's physicians and allied health practitioners are credentialed at other hospitals, should they so desire, IMC will offer them assistance in obtaining clinical privileges at neighboring hospitals.

IMC will maintain credentialing files and access to same for a period of time after closure to support credentialing activities at other hospitals.

XI. Medical Residents and Students

a. Residents

Notice to 117 residents has been provided through conference call and initial steps have been taken to implement residency rescue activities with the Residency Program Director. Residency rescue activities will be implemented in accordance with ACGME guidelines.

The Program Director will review credentials and pre-qualify IMC's residents and fellows. The Program Director will contact area residency programs to ascertain programs that will accept IMC residents, and will assess the number of potential slots available and the impact of any capacity increase on the quality of the teaching program. The Program Director will circulate lists of potential slots to each resident, prompting an interview process and mutual selection for new placement.

b. Medical Students

IMC has notified American University of Antigua College and others of the closure by conference call. It is anticipated that American University of Antigua College and others will take whatever action is necessary to arrange new placements for their students.

XII. Communications and Community Outreach Plan

In addition to communicating with IMC patients, physicians, nurses, and staff, IMC will collaborate with various community members, including the unions, elected officials, government officials, the media and the community advisory boards.

XIII. Medical Records and Documentation Retention

Medical Record management after the closure date will ensure the confidentiality of medical records and future access by patients and subsequent treating providers. IMC will solicit bids for permanent storage of all records required for retention. IMC currently stores records with CitiStorage and Iron Mountain, a major vendor for document management, and will approach CitiStorage and Iron Mountain to develop and bid for retention of all IMC patient records required to be maintained in accordance with applicable law. IMC will transfer all medical records to the retained vendor pursuant to a written agreement. The agreement will provide for future access by patients, regulatory agencies, and physicians, as appropriate. IMC will maintain its main telephone number (718) 613-4000 and callers will be directed to contact the retained vendor directly for access to medical records.

IMC shall also arrange for the retention of, and access to, business and other records in accordance with applicable law and regulation.

XIV. Pharmacy

The management of pharmaceuticals upon closure will be conducted within State and Federal DEA guidelines. Within each respective care area, the nurse manager and/or pharmacist will coordinate the tabulation of final pharmaceutical inventories and transport remaining

pharmaceuticals to IMC's central pharmacy. All medications shall then be returned to vendors. IMC will document all pharmaceutical dispositions. IMC will surrender all licenses and registrations to DEA, the Board of Pharmacy the Bureau of Narcotics Enforcement and other applicable agencies per regulatory requirements. IMC will maintain all records pertaining to prescription drugs as required by applicable law.

XV. Radiology/Laboratory

The management of radioactive materials and other chemicals and hazardous materials upon closure will be conducted within State and Federal guidelines. Within each respective area, the Department supervisor will coordinate the inventory of all such materials which shall then either be disposed of in accordance with State and Federal guidelines, returned to vendors, or transferred to another provider as appropriate. IMC will document all dispositions of such materials. Film library will be stored in an off-site facility as part of the IMC document retention plan as required by applicable law. Laboratory records will be maintained as part of the medical records as required by applicable law. Once these services are no longer required, IMC will surrender all licenses and registrations to the Department of Health, local agencies, and other applicable agencies per regulatory requirements. IMC has a contract with Radiac to manage decontamination of hot rooms at IMC.

XVI. Medical Waste and Infectious Materials

All medical waste and infectious materials will be disposed of through appropriate channels in full compliance with regulatory requirements. IMC has a contract with Steri-cycle to manage the appropriate disposal of all such materials.

XVII. Equipment, Furniture, and Fixtures

Liquidation of equipment, furniture and fixtures will be done under the supervision of the bankruptcy court. The plan is that IMC will hire an appropriate vendor to assist in liquidating its physical assets subject to a solicitation of bids. Upon closing of floors, physical assets will be locked down and secured until disposed of. It is anticipated that asset sales will occur after all patients are discharged.

XVIII. Supplies and Inventory

IMC will work with suppliers and vendors to ensure orderly closure and availability of necessary supplies until closure of IMC. Vendors will be notified of the closure and the termination of supply agreements in a timely fashion as necessary in accordance with their contracts and bankruptcy procedures. Unused supplies and inventory will be returned for refunds or donated to other not-for-profit facilities, as allowed by bankruptcy law.

XIX. Security Plan

Upon announcement of the closure, IMC plans to significantly increase security to provide a safe environment for patients and employees and to safeguard assets. Units with valuable equipment, pharmaceuticals and medical supplies will be locked down. Physical assets will not be removed from the building without appropriate approval.

XX. Administrative Office

The Administrative Office at 1545 Atlantic Avenue, Brooklyn, New York 11213 will remain open during the closure. Staff will be retained to support necessary administrative functions including, finance, IT, payroll, purchasing and A/P to meet all legal and financial reporting requirements.

XXI. Notifications

IMC will notify each current IMC in-patient and out-patient (and that person's next-of-kin and physician, where appropriate) of the impending closure of IMC. Draft forms of notices to inpatients and outpatients are attached hereto as **Exhibit B**. IMC will also notify the following persons and entities of its impending closure:

- IMC employees
- Union representatives
- Office of the Mayor of the City of New York (pursuant to WARN Act)
- State Relocation Worker's Unit (pursuant to WARN Act)
- All IMC based private practices
- The Brooklyn Hospital Center
- New York Methodist Hospital
- SUNY Downstate
- Woodhull Medical and Mental Health Center
- Kingsbrook Medical Center
- Kings County Medical Center
- Brookdale Hospital Medical Center
- Hunter Ambulance
- First Response Ambulance
- NYS Department of Health
- NYC DOHMH
- ACGME
- OMH
- OASAS
- TJC
- CMS
- NYS AG, Charity Bureau

IMC will communicate with the community about closure, including release of a press release to local newspapers and placement of notices outside IMC.

XXII. Timing of Key Closure Activities

A proposed timeline for the closure is included in **Exhibit C**.

IMC is committed to an orderly closure that will prevent disruption of patient care and minimize inconvenience to patients and their families. We ask that you direct any questions you may have concerning this Plan to the following:

Patrick Sullivan
Interim Chief Executive Officer
Interfaith Medical Center
718-613-4120
PSullivan@interfaithmedical.org

Judith A. Eisen, Esq.
Garfunkel Wild, PC
516-393-2220
jeisen@garfunkelwild.com

Sincerely,

Patrick Sullivan
Interim Chief Executive Officer

cc: Judith Eisen, Esq.

EXHIBIT A

Operating Certificate

DRAFT

Facility Id
1309
Certificate No.
7001046H

Certified Beds - Total
287
Chemical Dependence - Rehabilitation
20
Chemical Dependence - Detoxification
20
Intensive Care
13
Medical / Surgical
104
Pediatric
10
Psychiatric
120

State of New York
Department of Health
Office of Health Systems Management
OPERATING CERTIFICATE

Hospital

Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, New York 11213

Operator: Interfaith Medical Center
Operator Class: Voluntary Not for Profit Corporation

Effective Date: 04/29/2011
Expiration Date: NONE

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law for the service(s) specified.

AIDS Center	Arbitratory Surgery - Multi Specialty	CT Scanner	Cardiac Catheterization - Adult Diagnostic	Chemical Dependence - Detoxification
Chemical Dependence - Rehabilitation	Chemical Dependence - Rehabilitation O/P	Chemical Dependence - Withdrawal O/P	Clinic Part Time Services	Clinical Laboratory Service
Dental O/P	Emergency Department	Family Planning O/P	Health Fairs O/P	Intensive Care
Linear Accelerator	Magnetic Resonance Imaging	Maternity	Medical Social Services	Medical/Surgical
Medication Maintenance O/P	Neonatal Intensive Care	Nuclear Medicine - Diagnostic	Nuclear Medicine - Therapeutic	Pediatric
Pharmaceutical Service	Primary Medical Care O/P	Psychiatric	Radiology - Diagnostic	Radiology-Therapeutic
Renal Dialysis - Acute	Therapy - Physical O/P			

Other Authorized Locations:

Hospital Extension Clinic	Interfaith Medical Center - St. Mark's
Bishop O.G. Walker Jr Health Care Center	880 Bergen Street
528 Prospect Place	Brooklyn, New York 11238
Brooklyn, New York 11238	

2010617
Deputy Commissioner
Office of Health Systems Management

This certificate must be conspicuously displayed on the premises.

Commissioner

EXHIBIT B

Forms of Patient Notices

DRAFT

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO INPATIENTS]

_____, 2013

Dear Patient and Family:

As a patient to Interfaith Medical Center ("IMC"), we are saddened to tell you that, after more than 140 years of service to people of Central Brooklyn and the surrounding communities, IMC is closing.

We are committed to making your transition to a new healthcare provider as smooth as possible. IMC's staff will be visiting you to arrange for your discharge and follow up care, if your physician believes you are ready or for your transfer to another facility, if you need continued inpatient care and treatment. You have a choice about where to obtain your care. If you will be transferred to another facility, our staff members will work with you and your family to determine which provider will best be able to meet your treatment needs, and will make all the transfer arrangements. You will be provided with appropriate transportation and will be escorted by appropriate medical personnel. Copies of all of your relevant medical records will be sent with you to the next facility.

After IMC closes, your medical records will continue to be stored at IMC for a period of time. If you need a copy of your medical records, please call _____, at _____. For radiology and laboratory results, call _____. We have instituted a hot line for those of you who might have other questions or concerns. That number is _____.

All of us at IMC appreciate the trust you have placed in us over the years and thank you for your understanding.

Sincerely,

Patrick Sullivan
Interim Chief Executive Officer

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO OUTPATIENTS-TRANSFER OF OPERATION TO ANOTHER PROVIDER]

_____, 2013

Dear Patient:

As an outpatient of Interfaith Medical Center's _____ Clinic (the "Clinic"), we want to let you know that, as of _____, 2013, the operations of the Clinic will be transferred to _____. It is the hospital's goal to provide stability and to maintain quality healthcare and vital services during this transition.

As always, our first priority is our patients. [The clinical staffs who have cared for you at the Clinic will continue to provide you with the highest quality care.] You should not experience any interruption of services.

You have a choice about where you receive your medical care, and we hope you will choose to continue your care with _____. Should you seek treatment elsewhere, however, you may request that a copy of your medical records be sent to your new provider by calling _____, at _____.

_____ [name of new provider] is committed to providing high quality, compassionate care and services for its patients, their families and the communities we serve. If you have any questions about your care or need other assistance, please call _____ at _____.

Thank you for trusting us with your medical care, and for your support and understanding during this transition.

[INSERT LIST OF NAMES AND CONTACT INFORMATION]

Thank you for your patience with this change.

Sincerely,

Patrick Sullivan
Interim Chief Executive Officer

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO OUTPATIENTS - CLOSURE OF PROGRAM]

_____, 2013

Dear Patient and Family:

As an outpatient of Interfaith Medical Center's _____ Program (the "Program"), we are saddened to tell you that the Program will be closing as of _____, 2013. It is our goal to provide stability and to maintain quality healthcare and vital services during this transition.

You have a choice about where to obtain your care. The providers listed below are available to provide continuing care to patients of the Program. Please call the provider directly to arrange an appointment. If you need assistance or a referral, we will help you in locating another provider to continue your care. Please call _____ for assistance. We will transfer your records to your new provider upon your written consent. If you have an appointment to see your doctor on _____ 2013 or after, please call _____ for assistance in arranging for alternative care.

After the Program closes, your medical records will continue to be stored at the hospital for a period of time. If you need a copy of your medical records, please call _____, at _____. For radiology and laboratory results, call _____. We have instituted a hot line for those of you who might have other questions or concerns. That number is _____.

All of us at Interfaith Medical Center appreciate the trust you have placed in us over the years and thank you for your understanding.

Sincerely,

Patrick Sullivan
Interim Chief Executive Officer

EXHIBIT C

Proposed Timeline

Filing of Plan of Closure: July 25, 2013

Closure initiates: August 12, 2013

Inpatient admissions cease: August 12, 2013

Emergency Department goes on permanent diversion and operates on a "treat and release or transfer" site: August 12, 2013

Two (2) ambulances to be stationed at the Emergency Department through September 11, 2013

Cessation of inpatient care services: September 12, 2013

Cessation of outpatient programs: October 12, 2013

Cessation of HIV, detox and rehabilitation programs: November 11, 2013

Closure of Emergency Department: September 11, 2013